STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089042	A. BUILDING: _____ B. WING _____	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF AUBURN	280 E VALLEY SPRINGS DR AUBURN, KS 66402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of an abbreviated survey for complaints # 194562, 194324, 194194, 193496 192750, 192727, and 192729 of the above named assisted living facility conducted on 04/10/25.	S 000		
S3026 SS=J	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(1)(B) The facility reported a census of 30 residents with three focused record reviews. Based on observation, interview, and record review the administrator failed to protect cognitively impaired Resident (R)1 from neglect when she exited the building through an alarmed door. A neighbor to the facility found her approximately 55 minutes later laying on the sidewalk south of the front door of the facility without proper clothing for weather. This placed R1 in Immediate Jeopardy. Findings included:	S3026		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3026	Continued From page 1 - Record review for R1 revealed an admission date of 10/01/16 with diagnoses of dementia, glaucoma, diabetes mellitus type two, and chronic obstructive pulmonary disease. The 12/17/24 Functional Capacity Screen (FCS) identified R1 was independent with dressing, toileting, transfers and eating; she used a four wheeled walker; required physical assistance with bathing; required supervision with walking/mobility; had short-term and long-term memory, memory/recall, and decision-making difficulties; and was identified at risk for falls and impaired decision-making. The 12/17/24 "NSA" is the facility's Negotiated Service Agreement which documented staff to complete medications in a timely manner, break tasks into smaller tasks to support memory deficits, and keep routine as constant as possible for cognitive difficulties. The NSA documented that R1 was encouraged by staff to participate in activities that increase strength and mobility to reduce fall risk. The 12/17/24 "Service Plan Report" is the facility's Healthcare Service Plan (HSP) which was generated by the NSA and duplicates services provided to R1. The 02/05/25 at 12:11 PM "Nurses Note" by documented R1 had increased confusion. The 02/09/25 at 10:52 PM "Nurses Note" documented R1 exited the building and fell in front of the facility.	S3026		

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S3026	Continued From page 2 The facility's investigation packet provided during the survey reported the following: On 02/09/25 R1 exited front door at 09:38 PM by pushing the egress bar for 15 seconds which activated the alarm. Staff in the back of facility could not hear the alarm On 02/09/25 at approximately 10:00 PM Certified Medication Aide (CMA) C reset the alarm without any further action. On 02/09/25 at 10:34 PM staff found R1 on the sidewalk, south of the facility front door, wearing a cardigan, shirt, pants, her ankle-foot brace, and shoes. On 02/09/25 at 10:38 PM R1 was assisted back into facility by the Certified Nurse Aide (CNA) D and CMA C. The 02/09/25 "Witness Statement" by CMA C and included in the facility's investigation reported CNA D last saw R1 at 09:05 PM in her room wearing pajamas and said "goodnight." At approximately 09:55 PM CMA C reset the door alarm thinking a different resident had tripped the alarm. At approximately 10:35 PM she was notified by a neighbor that R1 was outside. The 02/09/25 "Witness Statement" by CNA D and included in the facility's investigation, reported she last saw R1 at approximately 09:30 PM in a common area near the front door with her walker. At 10:35 PM a man notified staff a woman was on the ground outside. Review of the facility's "Resident Roster"	S3026		

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S3026	Continued From page 3	S3026		

provided during the survey revealed six residents were marked for wandering.

The 01/14/25 (most recent prior to R1's elopement) "Elopement Drill Report" included seven participating staff members. The drill failed to include CMA C or CNA D.

The 04/24/24 "Staff Inservice" was most recent in-service including elopement prevention and failed to include CNA D.

The facility included exit doors secured with a keypad code. The doors released after 15 seconds without using the code for life safety reasons.

The area around the facility is primarily residential with a pond to the south of the facility.

The weather on 02/09/25 at 09:53 PM according to Wunderground.com was 29 degrees Fahrenheit with a wind speed of five miles per hour and it was dark.

On 04/10/25 at approximately 02:15 PM Administrative Nurse B stated R1 had acute confusion, but she could follow instructions. The door sign said to push for 15 seconds, and she did. Administrative Nurse B stated the alarm at the door was not loud enough for staff to hear throughout facility.

On 04/10/25 at approximately 03:20 PM Administrative Staff A stated her expectation was for staff to check for the reason a door alarm is sounding prior to clearing the alarm. She confirmed the policy for emergency and disaster

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S3026	Continued From page 4 failed to instruct staff what to do prior to notifying the executive director or director of nursing. The facility's 01/22/24 "Emergency & Disaster" policy documented all staff would respond to the designated person in charge. The policy failed to instruct who the designated person was and what was expected of the designated person. The administrator failed to protect cognitively impaired R1 from neglect when she eloped from the building through an alarmed door. On 04/10/25 the facility's "Abatement for Elopement" plan was accepted by the department at 04:32 PM including: 1) Census count and perimeter check for all residents on 02/09/25 at 10:45 PM. 2) One-on-one with R1 for an hour, then 15 minutes until R1 went to bed, then 30 minute checks. 3) Wanderguard placement to R1 on 02/10/25 with shift checks for function and placement. 4) Wanderguard guardian box shift checks ongoing. 5) Increased volume of front door alarm 02/10/25. 6) Elopement risk assessment audit completed for all residents, interventions reviewed and updated 02/10/25. Wanderguard devices placed on residents scored "at risk." 7) Speech therapy order placed for R1 on 02/10/25. 8) Inservice on door alarms, Detex system, and elopement procedure on 02/10/25. 9) Door checks for Detex system every shift ongoing.	S3026		

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S3026	Continued From page 5 10) Elopement Drill for all staff on 03/18/25.	S3026		